

# **Registration Packet**

## **Fourth Annual Arizona State- wide American Indian Youth Conference on Health**

*“Empowering Youth to Take Charge of Their  
Health”*

**June 30 – July 1, 2011**

Northern Arizona University  
du Bois Center  
Flagstaff, AZ

Sponsored by the Inter Tribal Council of Arizona, Inc.  
Tribal Teen Pregnancy Prevention Program

---

## **Conference Information**

### **Summit Purpose**

The **Fourth Annual Arizona State-wide American Indian Youth Conference on Health** will provide information to motivate and encourage youth to take responsibility for their overall health.

### **TOP Summit Activities**

During the 2-day summit, youth will:

- Discover effective strategies to prevent sexually transmitted diseases (STDs), teen pregnancy and substance abuse through fun and interactive workshops,
- Produce public service announcements (PSAs) on various health topics and showcase them in their community, and
- Participate in a series of adventure-based, team-building learning activities through the NAU Challenge Course

### **Target Audience**

The summit is designed for American Indian/Alaska Native youth ages 12 to 18 years old.

### **Summit Location**

This year's summit will be held at the Northern Arizona University (NAU) - du Bois Conference Center located at 2500 South Pine Knoll Drive, Building # 63, Flagstaff, Arizona 86001.

For more information, visit the website at <http://home.nau.edu/dubois/>.

### **Summit Registration**

The summit is open to the first 100 registered and paid youth. Complete the following required forms (attached) and return to the Inter Tribal Council of Arizona, Inc. (ITCA), along with payment:

- ☐ Group Registration (Chaperones must include their names on the registration form)
- ☐ Youth and Parent/Guardian Release Form (Must be signed by youth and parent/guardian)
- ☐ Emergency Contact Information Form (Must be signed by parent/guardian)
- ☐ Chaperone Release Form (Must be signed by chaperone)
- ☐ Photo Release Form (Must be signed by parent/guardian)
- ☐ Confidential Medical Form and Informal Consent Acknowledgment (Must be completed in order for youth to participate on the NAU Challenge Course)

**Register early and receive a discount. The early-bird registration fee is \$60.00 per person. Any registrations received after June 3, 2011, will be \$75.00 per person.** The deadline to accept *any* registrations is June 24, 2011. The registration fee covers two continental breakfasts, two lunches, and NAU Challenge Course participation. On-site registration will not be accepted.

## **Fourth Annual Arizona State-wide American Indian Youth Conference on Health**

*“Empowering Youth to Take Charge of Their Health”*

---

### **Registration Cancellation**

Participants who decide not to attend the summit are guaranteed a partial refund if they submit their written (fax, e-mail, or letter) request to: Inter Tribal Council of Arizona, Inc. by **June 17, 2011**. A \$40 administrative fee will be charged for each cancellation. The participant will be refunded the summit registration fee minus the administrative fee (i.e. \$60 - \$40 = \$20). Expect the refund process to take six (6) weeks from date of cancellation. After June 17, 2011, participants are no longer eligible for a refund, but may send an alternate to the summit in their place. Please contact ITCA if an alternate needs to attend the conference.

### **Chaperone Information**

We suggest one chaperone for every eight youth who attend the conference. We also suggest a female chaperone for female youth and a male chaperone for male youth. Chaperones will be responsible for transporting the youth to and from the conference site. Please refer to the “Chaperone Release Form” regarding the chaperone’s responsibilities.

### **Hotel Information**

The Radisson Woodlands Hotel  
1175 West Route 66  
Flagstaff, Arizona 86001  
Phone Number: (800) 333-3333

Room Rates: The Radisson Woodlands Hotel will be offering a special room rate of \$95.00 for a single or a double room. All rates are subject to the prevailing state and local taxes at the time of arrival. The current tax rate is 11.458%.

Making Reservations: Participants are responsible for making their own guestroom reservations and paying for it. To receive the group rate, please indicate you are a guest of the “Inter Tribal Council of Arizona, Inc.” Reservations must be guaranteed with a major credit card. The deadline to make reservations to receive the group rate is **June 8, 2011**.

### **Important Deadlines**

Early Bird Registration	June 3, 2011
Hotel Special Room Rate	June 8, 2011
Registration Cancellation with Partial Refund	June 17, 2011
Late Registration	June 24, 2011

## **Summit Schedule At-A-Glance**

### **Day 1, July 22, 2010**

#### **Registration**

7:30 am – 8:45 am

#### **Continental Breakfast *(provided)***

8:00 am – 8:55 am

#### **General Session**

##### **Welcome & Keynote Speaker**

9:00 am – 10:00 am

Break (15 minutes)

#### **Workshop Session I:**

10:15 am – 11:15 am

#### **Workshop Session II:**

11:20 am – 12:20 pm

#### **Lunch with Guest Speaker**

*(provided)*

12:30 pm - 1:30 pm

Break (15 minutes)

#### **Youth Media Project**

(Group A)

1:45 pm – 4:45 pm

#### **NAU Challenge Course**

(Group B)

1:45 pm – 4:45 pm

#### **Dinner *(on your own)***

### **Day 2, July 23, 2010**

#### **Continental Breakfast *(provided)***

8:00 am – 8:55 am

#### **Youth Media Project**

(Group B)

9:00 am – 12:00 pm

#### **NAU Challenge Course**

(Group A)

9:00 am – 12:00 pm

#### **Lunch with Presentation**

*(provided)*

12:15 pm - 1:30 pm

#### **Workshop Session III:**

1:30 pm – 2:30 pm

#### **Closing Session**

2:30 pm – 3:00 pm

#### **End of Conference**

3:00 pm

## Fourth Annual Arizona State-wide American Indian Youth Conference on Health

*"Empowering Youth to Take Charge of Their Health"*

### Group Registration Form

**Register early and receive a discount! The early-bird registration fee is \$60.00 per person. Any registrations received after June 3, 2011, will be \$75.00 per person.** The registration fee covers two continental breakfasts, two lunches, and NAU Challenge Course participation.

<b>Group Name:</b>	
<b>Organization/Tribe:</b>	
<b>Contact Person &amp; Title:</b>	
<b>Complete Mailing Address</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Email:</b>	

**This form may be copied. Please print clearly.**

	<b>First and last name of each participant (<i>For name badge</i>)</b>	<b>Age</b>	<b>Youth</b>	<b>Chaperone</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**Please make check payable to: Inter Tribal Council of Arizona, Inc. What is your method of payment?**

☐ **Purchase Order #** \_\_\_\_\_

☐ **Check/Money Order#** \_\_\_\_\_

Send payment and all completed registration forms to:

Inter Tribal Council of Arizona, Inc.  
**Attn: Travis L. Lane**  
2214 North Central Avenue, Suite 100  
Phoenix, AZ 85004

If you have any questions, please contact:

Travis L. Lane, Outreach Coordinator  
Phone: (602) 258-4822  
Fax: (602) 258-4825  
Email: [travis.lane@itcaonline.com](mailto:travis.lane@itcaonline.com)

## **Youth and Parent Release Form**

It is our desire to provide the best and safest possible atmosphere throughout the conference. **All youth registrants and parents must read, sign and adhere to guidelines and agreement(s) provided.**

I agree to assume the risk that unexpected events may occur and result in harm, injury or illness to me, or damage to or loss of my property while I am observing or participating in activities. I agree to indemnify the Inter Tribal Council of Arizona, Inc. and its funding source. I will not sue the Inter Tribal Council of Arizona, Inc. and its funding source for any harm or damage associated with my participation or travel if the harm or damage is not due to the negligence or fault of the Inter Tribal Council of Arizona, Inc. I understand that my participation in these activities is voluntary.

In this agreement, "Inter Tribal Council of Arizona, Inc." includes all their employees and agents.

**I, (print full name) \_\_\_\_\_ understand and agree that:**

1. Possession and/or use of alcoholic beverages, weapons, tobacco products, and/or any type of illegal drugs are strictly prohibited. I am aware that if I am caught participating in the mentioned activities or in possession of the mentioned items, I lose all privileges to attend the conference and my chaperone will be responsible for transportation arrangements off the premises.
2. I agree to refrain from using any electronic devices (cell phones, MP3 players, handheld games, or any other distracting devices) during the conference. If I fail to follow this guideline, the items will be taken away and returned at the end of the day. Proper security for confiscated items will be provided, but the conference personnel will not be responsible for lost or damaged items. Use at your own risk.
3. I agree to dress in a manner that is considered appropriate and acceptable to the educational nature of the conference and will not dress in any way that may cause distraction, disruptions or conflicts amongst other attendees. Hats of any kind, bandanas or any kind of clothing bearing gang symbolism will not be tolerated.
4. I agree that I will not wander away from the conference premise during scheduled activities. I understand, if the ITCA staff is notified of thefts or damages, my parents could be held liable for my actions.
5. I agree to behave and respect others in a mature manner that does not allow for loud talking, yelling, vulgarity, profanity, horseplay or any other derogatory behavior.
6. I understand that I will need to work with my chaperone to select the conference workshops that I will attend and agree to report promptly to all activities and events held throughout the conference to be an active participant.
7. I understand that if I violate any of the guidelines during my participation of the conference activities, my parent/guardian may be notified.

\_\_\_\_\_  
**Youth Signature**

\_\_\_\_\_  
**Date**

**If participant is younger than 18 years old, Parent or Legal Guardian must also sign:**

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

\_\_\_\_\_  
**Date**

**Please attach completed form, for each youth, to the Group Registration Form.**

## **Emergency Contact Information Form**

From time to time emergencies can arise. Therefore, **please print clearly** in the sections below. This form will be used for emergency purposes only for this event.

\_\_\_\_\_  
Last Name of Youth Participant

\_\_\_\_\_  
First Name of Youth Participant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Male or Female

### **Emergency Contact # 1**

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Relationship to Youth Participant (e.g., Mother, Father or Guardian)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Name of Workplace

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Home Phone

### **Emergency Contact # 2**

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Relationship to Youth Participant (Mother, Father or Guardian)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Name of Workplace

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Home Phone

**Is your child allergic to any food(s) or other substances? If so, write the names of the food(s) or substances to be avoided. Then write steps to follow if a reaction occurs:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Chaperone Release Form**

It is our desire to provide the best and safest possible atmosphere throughout the conference. **Chaperones are expected to cooperate with all staff at all times and to participate in all scheduled events.** Possession and/or use of alcoholic beverages, weapons, tobacco products, and/or any type of illegal drugs are strictly prohibited. **Please read and sign at the bottom of the release form.**

I agree to assume the risk that unexpected events may occur and result in harm, injury or illness to me, or damage to or loss of my property while I am observing or participating in these activities. I agree to indemnify the Inter Tribal Council of Arizona, Inc. and its funding source. I will not to sue the Inter Tribal Council of Arizona, Inc. and its funding source for any harm or damage associated with my participation or travel if the harm or damage is not due to the negligence or fault of the Inter Tribal Council of Arizona, Inc. I understand that my participation in these activities is voluntary.

In this agreement, "Inter Tribal Council of Arizona, Inc." includes all their employees and agents.

**Group Chaperones may only fill out the one agreement and include with group registration.  
Chaperones must ensure that:**

1. All registration forms and emergency information for each student has been completed and returned to participate in the conference.
2. Appropriate contact with youth participants will be maintained throughout the summit to ensure students are attending scheduled workshops, activities and meals.
3. In the event that I am called away from the conference or have to leave due to an illness or other unforeseen circumstances, I have made pre-arrangements for another representative from my tribe or program to assume the duties of lead chaperone for my assigned students.
4. I will do my best to help ensure the success of the conference by doing my part as chaperone.

\_\_\_\_\_  
Lead Chaperone Name (Print)

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Signature of Lead Chaperone

\_\_\_\_\_  
Date

### **Additional Group Chaperones:**

\_\_\_\_\_  
Chaperone Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Chaperone Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone number

**Please attach completed form to the Group Registration Form.**



## **Photo Release Form**

I, \_\_\_\_\_, hereby consent that photographs, video and/or audio recordings made of my voice or image, or the voice or image of the following children of whom I am the parent/guardian, may be used for developing printed educational and outreach materials. I understand these materials will be used only for non-profit and non-commercial use.

---

---

---

---

---

Furthermore, I consent that the Inter Tribal Council of Arizona, Inc. may use these materials and that such shall be the producer's property to view, to copy, or to distribute for any non-profit and non-commercial use.

Signature: \_\_\_\_\_  
(Parent/Guardian, if individual is a minor)

Date: \_\_\_\_\_

# NAU CHALLENGE COURSE

## Confidential Medical form and Informed Consent Acknowledgement

**Initials** (everyone must initial, must be initialed by Parent/Guardian if Participant is under 18)

- \_\_\_\_\_ I acknowledge that I have been given the opportunity to participate in the Northern Arizona University Challenge Course(NAUCC) program and that I have been advised that I can decline to participate in this program if I wish.
- \_\_\_\_\_ I further acknowledge that as with all physical activities, the potential exists for personal injury to me. Injury could include, but is by no means limited to, sprains, strains, broken bones, burns, lacerations, concussion, paralysis, and even death.
- \_\_\_\_\_ I am not now, nor will I be under the influence of, consume any alcohol or any chemical substance during the program, except as disclosed on the Medical Information form returned by me to NAUCC.
- \_\_\_\_\_ I have decided to voluntarily participate in this program, or segments of the program, and in consideration of NAUCC accepting me into the program, I hereby waive and release all rights and claims which I may have against the State of Arizona, the Arizona Board of Regents, its members, employees, and agents, Northern Arizona University, NAUCC, their employees and agents for any and all injuries or damages suffered by me in participation in this program.
- \_\_\_\_\_ I understand that the State of Arizona, the Board of Regents, Northern Arizona University does not provide medical coverage if I am injured while participating in this event. Any medical costs incurred as a result of this activity will by my responsibility to pay.

### General Information

**Louie User ID** (NAU Students Only) \_\_\_\_\_

1. Name \_\_\_\_\_ Date \_\_\_\_\_
- Address \_\_\_\_\_
- Street City State Zip Code
- Home Phone Number ( ) \_\_\_\_\_ Work Phone Number ( ) \_\_\_\_\_
- Male ( ) Female ( ) Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_
2. Group/Company Name \_\_\_\_\_
- Address \_\_\_\_\_
- Street City State Zip Code
- Phone Number ( ) \_\_\_\_\_

### Medical Information

1. Family Doctor \_\_\_\_\_ Office Phone Number ( ) \_\_\_\_\_
- Address \_\_\_\_\_
- Street City State Zip Code
2. Person to be notified in the event of illness or injury \_\_\_\_\_
- Address \_\_\_\_\_
- Street City State Zip Code
- Home Phone Number ( ) \_\_\_\_\_ Work Phone Number ( ) \_\_\_\_\_
- Relationship to you \_\_\_\_\_
3. What is your insurance company's name \_\_\_\_\_
- What is your policy number \_\_\_\_\_
4. Date of Last Tetanus Booster/Diphtheria Shot \_\_\_\_\_
5. Allergies (food, insect bites, bee sting, poison ivy, etc...) \_\_\_\_\_
- Allergic Reactions \_\_\_\_\_
- Medications to which you are allergic \_\_\_\_\_
6. Have you ever been hospitalized? YES NO
- Date \_\_\_\_\_ Hospital Name \_\_\_\_\_
- Address \_\_\_\_\_
- Street City State Zip Code
- Reason \_\_\_\_\_

6. **Indicate YES or NO for each question:**

	Yes	NO		Yes	No		Yes	No
Angina Pectoris			Cancer			High blood pressure		
Any bad joint			Cardiac surgery			Irregular heart beats		
Asthma			Chest pain/pressure			Palpitations		
Bad back			Chronic illness			Pregnant		
Bad hips			Congestive heart failure			Seizures		
Bad knees			diabetes			Shortness of breath		
Bad shoulder			Frequent headaches			Stroke		
Black out spells			Heart attack (MI)			Thrombophlebitis		
Bleeding disorder			Heart murmur			Wolf Parkinson White		
Broken bones								

Regarding any items answered **YES**: Describe in detail with date and restrictions, if any \_\_\_\_\_

8. Do you carry a Medical Alert Bracelet Yes No If 'yes', reason \_\_\_\_\_

9. Are you currently taking any medications Yes No  
If 'yes', What are they, Why, How often do you take them, & where are they? \_\_\_\_\_

10. Do you wear a support brace? Yes No Do you have it with you? Yes No

11. Do you smoke? Yes No

12. Describe your current exercise activity and level \_\_\_\_\_

**Initials** (everyone must initial, must be initialed by Parent/Guardian if Participant is under 18 years of age)

\_\_\_\_\_ The information provided here is a complete and accurate statement of the physical factors that may affect my participation in the NAUCC. I realize failure to disclose such information, or providing false information, could result in serious harm to fellow participants and/or myself.

\_\_\_\_\_ I agree to hold the State of Arizona, the Arizona Board of Regents, its members, employees, and agents, Northern Arizona University, NAUCC, their employees and agents harmless if all requested information is not disclosed truthfully.

\_\_\_\_\_ This information will be kept confidential except in case of emergency. In the case of emergency, this consent includes the release of medical and accident reports to insurance companies, my employer, or agency deemed appropriate by NAUCC.

\_\_\_\_\_ The information provided here is subject to NAUCC Staff screening and may require further assessment and medical clearance from a physician prior to participation in the activity.

\_\_\_\_\_ My initials next to this and preceding statements, in conjunction with signature(s) below, indicate my understanding and agreement of each statement.

\_\_\_\_\_ Print Full Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian (if under 18)

\_\_\_\_\_ Date

\*Failure to have a completed medical form will result in the individual being excluded from course participation in full, parent or guardian must initial and sign where it is required.